PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2889

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All Interher correspondence including the Platest, advance orders and notification of maintenance fees will be amind to the current correspondence adurtss as indicated unless corrected below or directed otherwise in Block 1, by (a specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| maintenance fee notificati | ons. | | | | | | |
|---|------------------------|--|---|-----------------------|---------------------|------------------------|----------------------------|
| CURRENT CORRESPONDE | Ne Fe pa | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. | | | | | |
| 31817 | 7590 07/17 | /2007 | ha | ve its own certificat | e of maili | ng or transmission. | |
| SCHWABE, W PACWEST CEN 1211 S.W. FIFTH | 1 l St ad tra | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being flassimiltransmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| PORTLAND, OR 97204 | | | | (Depositor's name) | | | |
| | | | | | | | (Signature) |
| | | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 09/002,747 | 747 01/05/1998 | | DAVID M. HORNE | | 111027-150370 | | 8138 |
| TITLE OF INVENTION: METHOD FOR USING CODEBOOK INDEXING TO ACHIEVE HIGH BIT DENSITIES IN A DIRECT-SEQUENCE CDMA PREAD SPECTRUM COMMUNICATION SYSTEM | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$0 | \$0 | | \$1400 | 10/17/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | _ | | | |
| GHEBRETINSAE, | | 375-130000 | | | | | |
| . Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIG | NEE | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Intel Corporation Santa Clara, CA | | | | | | | |
| clease check the appropriate assignee category or eategories (will not be printed on the patent): | | | | | | | |
| a. The following fcc(s) ar | | Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | |
| Publication Fee (No | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # | | EXT he Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 500393 (Nulses Report Solve Schligs Report). | | | | | |
| . Change in Entity Statu a. Applicant claims | | | ☐ b. Applicant is no lo | nger elaiming SMAI | LENTI | TV status See 27 CU | P. I. 27(a)(2) |
| OTE: The Issue Fee and nterest as shown by the re | | | from anyone other than | the applicant; a regi | stered atte | orney or agent; or the | assignce or other party in |
| | | | Office. | | | | |
| Authorized Signature | /Nathan R. | Maki/ | | Date] | 0/16/ | 2007 | |
| Typed or printed name Nathan R. Maki Registration No. 51110 | | | | | | | |

This collection of information is required by 3 CER [3] 1. The information is required to obtain or retain a benefit by the public while it is to fife (and by the 1897 to a process) an application. Confidentality is governed by 3 USC [2] and 37 CER [1,1] this collection is estimated to slee 12 minutes to the confidence, mobiling gathered, mobiling gathered gath